

From: [Teresa Young](#)
To: [EBSA MHPAEA Request for Comments](#)
Subject: Mental Health Parity
Date: Thursday, July 27, 2023 9:26:45 AM

CAUTION: This email originated from outside of the Department of Labor. Do not click (select) links or open attachments unless you recognize the sender and know the content is safe. Report suspicious emails through the "Report Phishing" button on your email toolbar.

Hello,

I'm a psychologist, and I'm writing to provide comments on the new mental health parity rules.

There is a misconception that providers in private practice make more money than those in the public sector. I specialize in working with people who are older adults, caregivers, and people with disabilities. Many of these individuals cannot pay privately for mental health treatment. Thus, I am enrolled in Medicare and a few other commercial insurance companies. The reimbursement rates for psychotherapy are substantially lower than what generalist providers who do not accept insurance charge for their services, and my service is a specialty. The rates are as much as \$100 lower.

To obtain my qualifications, I had to go to school for five years and then complete two years of internship and fellowship, during which time I made less than minimum wage. I have student loans I have to pay, and because of the time it took for my education, I've entered the workforce later than my same-age peers, which means I'm also behind on saving money for retirement.

Beyond reimbursement rates, insurance companies put patients and clinicians in a precarious position with session limits. Just last week, I had a patient whose health plan, which I am IN network with, had a "hard max" of 10 mental health sessions per year - that included visits to his psychiatrist. He has bipolar disorder. In an attempt to obtain authorization, I called his insurance company. I was passed around to four different representatives, each one placing me on hold for 10-20 minutes, having to repeat my own and my patient's identifying information each time, being told to call a 1-800 number that was the number I originally called, and eventually being told I would be transferred to the correct person only to be HUNG UP on. The entire ordeal took three hours. I am a one-woman show. Because of reimbursement rates, I cannot afford to hire someone to do my billing and reception. Therefore, I must make these calls myself.

In this case, I wasn't even able to pursue authorization. It is my belief that some of these companies resort to these tactics to disincentivize providers to seek additional services for their members. After all, if you can't pursue authorization, you can't be denied authorization. This practice needs to change. Insurance companies need to have easy and accessible means of seeking authorization or not be allowed to have such low session limits.

At the end of the day, I just want to sit in a comfortable space with my patients while they explore the most difficult moments of their lives. Even though I know healthcare will never be

perfect, I do think we should pursue fairness.

Thank you for your time,
Dr. Teresa Young

--

Teresa Young, PhD

Licensed Psychologist

teresayoungphd@gmail.com

